

RECREATION CLASS REGISTRATION APPLICATION FORM: *Please fill out completely.**One form per family. Please read the registration information on pages 9-11 before registering.***PARENT OR PAYEE INFORMATION****E-MAIL ADDRESS:** _____

FIRST NAME		LAST NAME	
ADDRESS		CITY	ZIP CODE
HOME PHONE #	WORK PHONE #	EMERGENCY CONTACT & PHONE #	

☐ Check here if this is a new address.

PARTICIPANT'S NAME	CLASS NAME/ ACTIVITY	CLASS CODE	LOCATION	SESSION/ DAY	TIME	CLASS FEE
FIRST LAST	1st CHOICE					
AGE BIRTHDATE / /	2nd CHOICE					
SEX (Circle One) FEMALE MALE	3rd CHOICE					
FIRST LAST	1st CHOICE					
AGE BIRTHDATE / /	2nd CHOICE					
SEX (Circle One) FEMALE MALE	3rd CHOICE					
FIRST LAST	1st CHOICE					
AGE BIRTHDATE / /	2nd CHOICE					
SEX (Circle One) FEMALE MALE	3rd CHOICE					
FIRST LAST	1st CHOICE					
AGE BIRTHDATE / /	2nd CHOICE					
SEX (Circle One) FEMALE MALE	3rd CHOICE					

WE ACCEPT DEBIT, VISA, MASTERCARD AND AMERICAN EXPRESS CARDS!

Credit Card (Select One): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Exp.	OFFICIAL USE ONLY Date Received	OFFICIAL USE ONLY Approval #
Credit Card #	Exp. Date	Check #
		Cash Amount \$

Name of Cardholder: _____

The City of Chandler intends to comply with the Americans with Disabilities Act (ADA). If you have any special needs, please call (480) 782-2727.
Need additional forms? Simply make a copy of this one or print one from the on-line *Break Time* at www.chandleraz.gov/breaktime.

I understand that the City of Chandler does not carry accident insurance for these programs
I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my participation.
I also give my permission for any photos/videos taken of participants to be used by the City of Chandler.

Signature of Parent/Payee: _____

Mail form to: City of Chandler * Recreation Class Registration * Mail Stop 501 * P.O. Box 4008 * Chandler, AZ 85244-4008